18 83
HOUGHTON
COLLEGE

STUDENT ACCOUNT LATE FEE REMOVAL REQUEST FORM

Student Financial Services Office
One Willard Avenue | Houghton, NY 14744
Phone: 585.567.9328 | Fax: 585.567.9610

Date of Request _____ Student ID # _____

Last Name _____ First Name _____ MI _____

Phone number _____ Email _____

REASON FOR REQUEST

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Student Signature _____

Request will not be completed without student's signature

THIS SECTION TO BE COMPLETED BY LATE FEE REMOVAL COMMITTEE

Comments

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Committee Decision: ☐ yes ☐ no

Code	Amount	Term